



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/19/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD980777627
INSTALLATION NAME:	EQUITY OFFICE PROP LLC
INSTALLATION ADDRESS :	1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036
MAILING ADDRESS :	527 MADISON AVE 5TH FLOOR NEW YORK, NY 10022

EPA Form 8700-12AB (4-89)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: EQUITY OFFICE PROP LLC
or Current Occupant
ATTN: KEVIN DEVINE
527 MADISON AVE 5TH FLOOR
NEW YORK, NY 10022**

98

OMB#: 2050-0028 Expires 1/31/2006

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		2006 SEP -8 AM 9:53
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>N Y D 9 8 0 7 7 7 6 2 7</u>		
3. Site Name (page 14)	Name: <u>Equity Office</u> <u>#1095</u> <u>212 484 0287</u> <u>Diane Pickard</u>		
4. Site Location Information (page 14)	Street Address: <u>1095 Avenue of the Americas</u>		State: <u>NY</u>
	City, Town, or Village: <u>New York</u>	Zip Code: <u>1036-6704</u>	
	County Name:	Zip Code:	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. _____	B. _____	
	C. _____	D. _____	
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>527 Madison Ave., 5th Floor</u>		
	City, Town, or Village: <u>New York</u>		
	State: <u>NY</u>		
	Country:	Zip Code: <u>10022</u>	
8. Site Contact Person (page 15)	First Name: <u>Kevin</u>	MI:	Last Name: <u>Devine</u>
	Phone Number: <u>212-339-5171</u> Extension:		Email address:
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>Equity Office Prop., LLC</u>		Date Became Operator (mm/dd/yyyy): <u>April 06</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>Equity Office Prop., LLC</u>		Date Became Owner (mm/dd/yyyy): <u>April 06</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

DHL

Call Tina Jaycox 908-688-7800

VIA PHONE 09/11/06

owner

EPA ID NO: _____

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>527 Madison Ave. 5th Floor</u>	
	City, Town, or Village: <u>New York</u>	
	State: <u>NY</u> PA	
	Country: <u>USA</u>	Zip Code: <u>10022</u>

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ 2. Transporter of Hazardous Waste☐ ☒ 3. Treater, Storer, or Disposer ofHazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.☐ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace Exemption☐ ☒ 6. Underground Injection Control**B. Universal Waste Activities**☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer Facility☐ ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refiner☐ ☒ 3. Off-Specification Used Oil Burner☐ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications


OMB#: 2050-0028 Expires 1/31/2006

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						

2006 SEP -8 AM 9:53
QCRN 604.001

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Chris Hirschmann, Env. Scientist, Hillmann Group ph: 908-688-7800	9/6/06

RCRA Site Detail

Report run on: September 11, 2006 - 12:28 PM

Page 3

NYD980777627 NEW YORK TELEPHONE CO

EPA Region 02 Extract Flag: Y Facility Identifier: County: NEW YORK

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

Universes Generator: N Transporter: N Active: N
Operating TSDF: ---- IC In Place: N EI Indicator (HE / GW): N / N

Activity Location: NY Source Type: Implementer Seq. Number: 1 Receive Date: 05 APR 1995

Other/Previous Site Name: NEW YORK TELEPHONE CO

Location 1095 AVE OF THE AMERICAS
Address: ROOM 4137
NEW YORK, NY 10036

Mailing 1095 AVE OF THE AMERICAS
Address: ROOM 4137
NEW YORK, NY 10036

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties
Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Used Oil Transporter Activity

Transporter: No
Transfer Facility: No

Off-Specification Used Oil Burner: No

Used Oil Fuel Marketer Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner: No

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Processor and/or
Re-refiner Activity

Processor: No
Refiner: No

Marketer who first claims the used
oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: NONE

Activity Location: NY Source Type: Notification Seq. Number: 1 Receive Date: 23 MAR 1994

Other/Previous Site Name: NEW YORK TELEPHONE CO

Location 1095 AVE OF THE AMERICAS
Address: ROOM 4137
NEW YORK, NY 10036

Mailing 1095 AVE OF THE AMERICAS
Address: ROOM 4137
NEW YORK, NY 10036

Contact Person CATHERINE ROM 1095 AVE OF THE AMERICAS
For Source (212) 395-2254 ROOM 4137
Information NEW YORK, NY 10036

Owner (current) 1095 AVE OF THE AMERICAS
NEW YORK TELEPHONE CO NEW YORK, NY 10036
From: To:

Type: Private
Phone: (212) 395-2254

Land Type: Bad code - Non Notifier: No Commercial Availability: Other - U Tsd Date:
Accessibility: No. Employees: State District: NYSDEC R2

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

RCRA Site Detail

Report run on: September 11, 2006 - 12:28 PM

Page 4

NYD980777627 NEW YORK TELEPHONE CO

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State:

Transfer Facility: Unknown

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace Exemption: Unknown

Used Oil Activities

Used Oil Transporter Activity Off-Specification Used Oil Burner: No

Transporter: No
Transfer Facility: No Used Oil Fuel Marketer Activity

Used Oil Processor and/or Re-refiner Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No

Processor: No
Refiner: No Marketer who first claims the used oil meets the specifications: No

Underground Injection Control: No Destination Facility for Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D000, D011

* End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/28/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD980777627
FACILITY NAME ->	NEW YORK TELEPHONE CO
MAILING ADDRESS ->	1095 AVENUE OF THE AMERICAS ROOM 4137 NEW YORK, NY 10036
INSTALLATION ADDRESS ->	1095 AVENUE OF THE AMERICAS ROOM 4137 NEW YORK, NY 10036

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: SMIDA, JAMES
ASSOCIATE DIR
NEW YORK TELEPHONE CO
1095 AVENUE OF THE AMERICAS
ROOM 4137
NEW YORK, NY 10036

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

ENVIRONMENTAL PROTECTION
AGENCY REGION II

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 0980777627

II. Name of Installation (Include company and specific site name)

NEW YORK TELEPHONE CO

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1095 AVE OF THE AMERICAS RM 4137

Street (continued)

City or Town

NEW YORK

State

ZIP Code

NY

10036-

County Code

County Name

MANHATTAN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1095 AVE OF THE AMERICAS RM 4137

City or Town

NEW YORK

State

ZIP Code

NY

10036-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SMIDA

(first)

JAMES

Job Title

STAFF DIRECTOR

Phone Number (area code and number)

212-395-2254

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☐
☒

B. Street or P.O. Box

1095 AVE OF THE AMERICAS

City or Town

NEW YORK

State

ZIP Code

NY

10036-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NEW YORK TELEPHONE CO

Street, P.O. Box, or Route Number

1095 AVE OF THE AMERICAS RM 4137

City or Town

NEW YORK

State

ZIP Code

NY

10036-

Phone Number (area code and number)

212-395-2254

B. Land Type

C. Owner Type

D. Change of Owner

Indicator

(Date Changed)

Month

Day

Year

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Refractory</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D001

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

James A. Smith

Name and Official Title (type or print)

Staff Director

Date Signed

4/13/94

XI. Comments

The request for a EPA number was in error.
New York Telephone already has a EPA number.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Contact

United States Environmental Protection Agency

Notification of Regulated Waste Activity #1770

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NYD980777627

II. Name of Installation (Include company and specific site name)

NEW YORK TELEPHONE CO

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1095 AVENUE OF THE AMERICAS Room 4137

Street (continued)

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

County Code

County Name

MANHATTAN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1095 AVENUE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

SMIDA

JAMES

Job Title

Phone Number (area code and number)

ASSOCIATE DIRECTOR

212 - 395 - 2254

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐☒

1095 AVENUE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NEW YORK TELEPHONE CO

Street, P.O. Box, or Route Number

1095 AVENUE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

212 - 395 - 2254

Yes

No

☒

ID - For Official Use Only

N Y 0 9 8 0 7 7 7 6 2 7

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.

- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☒

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D 0 1 1

5. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

James A. Smith

Name and Official Title (type or print)

JAMES A. SMITH ASSOCIATE DIRECTOR

Date Signed

3/16/94

XI. Comments

THIS DUMPER WAS ALREADY APPLIED FOR

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 10950 747627

II. Name of Installation (Include company and specific site name)

NEW YORK TELEPHONE CO

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1095 AVENUE OF THE AMERICAS Room 4137

Street (continued)

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

County Code County Name

MANHATTAN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1095 AVENUE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

SMIDA

(first)

JAMES

Job Title

Associate Director

Phone Number (area code and number)

212-395-2254

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

1095 AVENUE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NEW YORK TELEPHONE CO

Street, P.O. Box, or Route Number

1095 AVE OF THE AMERICAS Room 4137

City or Town

NEW YORK

State

ZIP Code

NY 10036 -

Phone Number (area code and number)

212-395-2254

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

Indicator

Month Day Year

Yes

No

X

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D001									
------	--	--	--	--	--	--	--	--	--

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title (type or print)	Date Signed
<i>James A. Smith</i>	JAMES A SMITH ASSOCIATE DIRECTOR	1/31/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



INSTRUCTIONS If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

[illegible][illegible]

NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

[illegible]

10 16		CITY OR TOWN															ST.		ZIP CODE			
C		NEW YORK															NY		10121			
4																						

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

[illegible]

CITY OR TOWN															ST	ZIP CODE					
6.	N	E	W	I	Y	O	R	K								NY	1	0	0	3	6

New York
961

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

[illegible]

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

A GENERATION

☐ D. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate boxes)

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C INSTALLATION SEPA I.D NO

A. FIRST NOTIFICATION

☐ B SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

	1		2		3		4		5		6	
	B ₁	-	D ₀		B ₁	-	D ₀		B ₁	-	D ₀	
	7		8		9		10		11		12	
	B ₁	-	D ₀		B ₁	-	D ₀		B ₁	-	D ₀	

13	14	15	16	17	18
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
19	20	21	22	23	24
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
25	26	27	28	29	30
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

31	32	33	34	35	36
31 - 36	32 - 37	33 - 38	34 - 39	35 - 40	36 - 41
37	38	39	40	41	42
37 - 42	38 - 43	39 - 44	40 - 45	41 - 46	42 - 47
43	44	45	46	47	48
43 - 48	44 - 49	45 - 50	46 - 51	47 - 52	48 - 53

40			50			61			82			83			84		
23	-	20	23	-	20	23	-	20	23	-	20	23	-	20	23	-	20

☐ 4. TOXIC
(D000)

DATE SIGNED
10-5-84

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. **THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

Date: 2/18/94

Facility Name: New York Telephone Co

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ☐ Name of Installation is incomplete.
- III) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- IV) ☐ Installation Mailing Address is incomplete.
- V) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ☐ Installation Contact Address is Incomplete.
- VII) ☐ Ownership information is incomplete.
- VIII) ☐ Type of Regulated Waste Activity -- Hazardous Waste:
1. ☐ Generator status is incomplete.
2. ☐ Mode of Transportation has been indicated. However, Box a or b under Transporter has not been marked. Please indicate purpose of transporter activity in Box a or b. If Mode of Transportation was erroneously indicated, please cross out the mark and initial this change.
3. ☐ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- X) ☐ Certification is insufficient.
Please provide an original signature in the Certification section.
Agents/Consultants cannot sign. Please see the instructions for completing the form for those authorized to sign the certification.

(over,)

→

XI) ☒

NYD 980 777 627

is the existing EPA Identification Number for your company, at the location you have specified. To update information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the changes in the **COMMENTS SECTION (Part XI) of the form, or in a separate letter.** Please re-sign the form with an original signature in the Certification area. **FAILURE TO PROPERLY COMPLETE THE NOTIFICATION FORM 8700-12 MAY RESULT IN MISIDENTIFICATION OF THE GENERATOR OR TRANSPORTER TO AN INTERESTED PARTY.**

XII) ☐

Please use the enclosed, current Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

XIII) ☐

Our records indicate that an EPA ID No. has already been assigned to an other facility at the same address which you have provided as your Location of Installation. Please indicate, in the appropriate space(s) below, your facility's relationship to _____

_____ The above named installation is in the same building/complex. Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

_____ The above named installation is registered as the previous owner of the property or prior business. List the above named company's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

_____ The above named installation is the previous operator at this location.

_____ Other. Please explain. _____

2nd Request

PLEASE RETURN THIS CHECKLIST WITH YOUR RESUBMITTAL. **THE ATTACHED COPY OF YOUR NOTIFICATION FORM MUST BE RE-SIGNED AND RE-DATED IN THE CERTIFICATION SECTION.**

Date:

3/25/94

Facility Name:

NY Telephone Co

YOUR NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12, WAS NOT PROCESSED DUE TO THE FOLLOWING:

- I) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes in the comments section (Part XI) of the form or in a separate letter.
- II) ☐ Name of Installation is incomplete.
- III) ☐ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
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- V) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- VI) ☐ Installation Contact Address is Incomplete.
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- VIII) ☐ Type of Regulated Waste Activity -- Hazardous Waste:
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3. ☐ Treater, Storer, Disposer, has been indicated. Please confirm this designation by returning your form and checklist as requested. Contact your State Environmental Agency in order to submit Part A of your required permit application. If Activity No. 3 was erroneously indicated, please cross out the mark and initial this change.
- IX) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
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— The above named installation is the previous operator at this location.

— Other. Please explain. _____

Also send the
Second page of
this form with signature